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Doctoral Internship in Psychology Training Program 2023-2024



Sioux Falls VA Health Care System



Sioux Falls VA Health Care System
2501 West 22nd Street
Sioux Falls, SD 57105
605-333-6890

<http://www.sioxfalls.va.gov/>

MATCH Number: 220611
Applications Due: Sunday, November 27, 2022 @23:59 EST

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Living in Sioux Falls

Sioux Falls is the largest city in South Dakota built on the banks of the Big Sioux River named for the Sioux Tribe of American Indians and the waterfalls of the Big Sioux River. The population of the city is approximately 200,000 people. While it is not a “big city” by population, Sioux Falls is the largest city in South Dakota offering a variety of shopping, attractions, dining, and entertainment options as found in larger metropolitan areas, but with a small-town, welcoming feel and a reasonable commute.

Sioux Falls has a wonderful park system with over 80 parks. There is a 30-mile paved bike trail that wraps itself around the city along the Big Sioux River greenway and through urban and wildlife areas. One of the most popular parks is Falls Park, where the Big Sioux River falls over slabs of pink quartz near downtown Sioux Falls. It is a 123-acre park in the middle of the city with viewing areas, walkways, and picnic areas to enjoy the Big Sioux River falls. Boating, golfing, camping, kayaking, and biking are among activities made easier by the local park system and are frequently enjoyed in Sioux Falls. There are hiking areas within 30-60 minutes from Sioux Falls that include: Devils Gulch, Palisades State Park, Newton Hills State Park, Blue Mounds State Park, and Good Earth State Park.



Falls Park. Photo Courtesy: The Sioux Falls Convention and Visitors Bureau

Downtown Sioux Falls hosts “First Fridays” where all the local businesses come together to create a unique event filled with live music, food trucks, street art, and tours of local galleries. The Downtown Block Party on the Eastbank is a First Friday free event in the summer with live music from regional acts, food vendors, beer and wine, and shopping. Additionally, there is the Sculpture Walk, where new and unique sculptures are brought to the streets downtown every year.



Phillips Avenue Shops. Photo Courtesy: The Sioux Falls Convention and Visitors Bureau



Sculpture. Photo Courtesy: Emily Blegen

Live music is readily available in Sioux Falls of a variety of genres. Given the relative size of Sioux Falls, a wide variety of concerts, shows, and entertainers make their way through the city. Recent concerts include Matchbox Twenty, Cher, Rob Zombie and Marilyn Manson, Foo Fighters, Twenty One Pilots, Ghost, Carrie Underwood, Eli Young Band, In This Moment, Art Alexakis, Keith Urban, and the Smashing Pumpkins. The Sioux Falls Jazz Fest is a free three-day outdoor jazz and blues musical event held annually since 1991, featuring two stages of music. Levitt at the Falls offers 50 free concerts all summer long. Riverfest is a party on the Big Sioux in downtown Sioux Falls with live music, food trucks, live art, and fireworks. Comedians

who have performed shows in Sioux Falls include Jim Gaffigan, Tim Allen, and Jeff Dunham, and there are local stand-up comedians that perform at various venues around the city.



DSF Block Party. Photo Courtesy: The Sioux Falls Convention and Visitors Bureau

Sioux Falls has the Washington Pavilion, a historic cultural venue featuring art galleries, hands-on science exhibits, and theater performances. Washington Pavilion's Visual Art Center (VAC) hosts six galleries of changing exhibits and the Egger gallery which hosts the Northern Plains Tribal Art collection. The VAC hosts a variety of local, regional, and nationwide exhibitions and is free on the first Friday evening of every month. Washington Pavilion's Kirby Science Discovery Center features more than 100 hands-on exhibits for all ages. The Pavilion also hosts professional theatre and dance year-round; recent events include: Jersey Boys, Whose Live Anyway, the Nutcracker, Les Misérables, The Color Purple, and Waitress.

Sioux Falls is home to several amateur and professional teams. Baseball fans can enjoy watching the Sioux Falls Canaries (AAIPB), hockey fans can watch the Sioux Falls Stampede (USHL), and indoor football fans can enjoy the professional league Sioux Falls Storm (IFL). University athletics also hold tournaments in Sioux Falls, such as the postseason Summit League Men's Basketball Tournament.



Summit League Tournament. Photo Courtesy: The Sioux Falls Convention and Visitors Bureau

For the family, Sioux Falls provides other year-round activities, many being affordable or free. To name just a few, the Great Plains Zoo and Delbridge Museum of Natural History has more than 1,000 animals, hosts popular events such as the Zoo Boo where children get to Trick or Treat around the zoo, and offers camps for children. The Butterfly House and Aquarium has over 800 free-flying butterflies from around the world in a tropical conservatory and hundreds of marine fish and corals in aquariums, including a stingray touch pool. Wild Water West waterpark has waterslides, a wave pool, a baby pool, batting cages, bumper boats, go karts, mini golf, paintball, and more. Siouxland Libraries offer free Storytime including songs and stories, activity classes, a great selection of children's books, and play area. Sioux Falls and

surrounding communities host regular festivals to include the South Dakota Peach Festival, South Dakota Chislic Festival, Sioux Empire Fair, Czech Days, Pride in the Park Festival, Sidewalk Arts Festival, and Festival of Bands.



Butterfly House and Aquarium In-Tank Children's Viewing Bubble. Photo Courtesy: Emily Blegen

Sioux Falls is the home of University of Sioux Falls, Augustana University, Southeast Technical Institute, Sanford School of Medicine of The University of Sioux Falls, South Dakota Public Universities and Research Center, and National American University – Sioux Falls. Additionally, Dakota State University, South Dakota State University, and University of South Dakota are within an hour's drive of Sioux Falls.

To get to know vibrant downtown Sioux Falls a bit more, please take a look at The Downtown Sioux Falls website <https://dtsf.com/>!



Cathedral Drone. Photo Courtesy: The Sioux Falls Convention and Visitors Bureau

Sioux Falls Royal C Johnson Veterans Memorial VA Medical Center

The Sioux Falls VA Health Care System (SFVAHCS) is a Joint Commission accredited, complexity level 2 medical center. The Sioux Falls VA is a teaching hospital (affiliated with the University of South Dakota Sanford School of Medicine) providing a full range of patient care service, with state-of-the-art technology as well as education and research. Care is provided to eligible Veterans in eastern South Dakota, northwestern Iowa, and southwestern Minnesota. The Sioux Falls VA is part of VA Midwest Health Care Network, which includes facilities in Minnesota, North Dakota, Iowa, Nebraska, and South Dakota. The Royal C Johnson Veterans Memorial VA Medical Center is in Sioux Falls, South Dakota with four community-based outpatient clinics (CBOCs) located in Aberdeen, SD; Dakota Dunes, SD; Spirit Lake, IA; and Watertown, SD; and one outreach clinic in Wagner, SD.

For more information to orient yourself to the Sioux Falls VA, please check the Sioux Falls VA website, www.sioxfalls.va.gov.

Psychology Setting

The Mental Health Service Line has long been a major component of SFVAHCS. The catchment area served by the SFVAHCS is predominately considered rural and highly rural. The SFVAHCS provides inpatient and outpatient care for Veterans in eastern South Dakota, southwestern Minnesota, and northwestern Iowa. As a result of our unique location and dedicated staff, we uphold the vision to improve access and quality of care for rural Veterans and use innovative practices to support the unique needs of Veterans in geographically remote areas. Providing services closer to where rural Veterans reside is important to the SFVAHCS. To do so, we maintain four CBOCs and one outreach clinic across a two-state area in addition to the main medical center in Sioux Falls. The CBOCs offer both psychiatric care and psychotherapy services using on-site visits and telemental health services. The Sioux Falls VA also offers services using telemental health to CBOCs and home. The areas covered by the SFVAHCS include four Native American reservations - the Sisseton-Wahpeton, Flandreau Santee Sioux, Crow Creek, and Yankton Sioux.

The mental health staff currently includes psychiatrists, psychologists, social workers, addiction treatment providers, nurses, peer support specialists, and compensated work

therapy staff. Treatment is recovery based and includes inpatient services to the medical units and psychiatric unit and outpatient services, which offer individual and group therapy and peer support groups. Evidence-based psychotherapies (EBPs) for posttraumatic stress disorder, serious mental illness, and other disorders are offered in the form of Prolonged Exposure, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Insomnia, Cognitive Behavioral Therapy for Chronic Pain, Motivational Interviewing, Social Skills Training, Acceptance and Commitment Therapy, Interpersonal Psychotherapy, Cognitive Behavioral Conjoint Therapy for PTSD, Problem-Solving Therapy, Integrative Behavioral Couples Therapy, Illness Management and Recovery, Exposure and Response Prevention for OCD, Eye Movement Desensitization and Reprocessing therapy, Mindfulness Based Relapse Prevention, and Exposure, Relaxation, and Rescripting Therapy for nightmares. Our Addiction Treatment Program offers a range of treatment options including intensive outpatient treatment, evening outpatient treatment, relapse prevention, and 12-step groups, as well as a Seeking Safety group for Veterans dealing with PTSD and substance use disorders. Mental health has been integrated into Primary Care (Primary Care Mental Health Integration, PCMHI), allowing quick access to mental health services such as evaluation, triage, crisis management, brief psychotherapy, and behavioral health interventions. Our Mental Health Service Line Suicide Prevention Team works with the national Veterans Crisis Line that is staffed 24 hours a day, 7 days a week. Psychology also has a presence in providing services through the Polytrauma Clinic, Rehabilitation and Extended Care [e.g., Pain Clinic, CLC, Behavioral Recovery Outreach (BRO)], and Home Based Primary Care (HBPC).

Internship in Health Service Psychology

Accreditation Status

The predoctoral internship at the Sioux Falls VA Health Care System is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit is anticipated between September 2022 and March 2023.

Questions related to our accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: 202-336-5979
E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Application and Selection Procedures

Criteria for acceptance into the program

According to VA policy, internship funding can be provided only to students who are U.S. citizens and are enrolled in APA-accredited doctoral programs in clinical or counseling psychology. In addition, we require that a prospective intern's university advisor or director of training verify that they approve and recommend the student receive an internship at this facility as specified by APPIC. Only 52-week full-time internships are available. For the upcoming training year, the internship begins on **July 1, 2023**, and the stipend is \$26,297.

Application Process

To apply, applicants should follow the APPIC Match Guidelines as we follow the match policies established by APPIC. Other than the basic APPI, no supplementary materials are required for application to our program.

To be considered, all application materials for the 2023-2024 internship year need to arrive no later than 11:59 p.m. EST on **November 27, 2022**.

A selection committee comprised of psychologists involved in internship training reviews applications. We seek applicants who have a sound knowledge and clinical base in

intervention and assessment, and we look for interns whose training goals match the training that the Sioux Falls VA offers. We also look for applicants who have the personal characteristics necessary to function well in our internship setting. **Sioux Falls VA is committed to building a diverse group of practitioners, and in that spirit, actively encourages applications from underrepresented groups. We look for and appreciate the different experiences of each intern.** Two internship positions are offered to assist in providing meaningful peer interaction, support and socialization.

The Sioux Falls VA Health Care System training program will closely adhere to guidelines put forth by the APA, VA, and APPIC. As required under APPIC policies, offers to interns may not be made before Match Day. Further, VA Health Care System is an Equal Opportunity Employer. The selection of interns is made without discrimination based on race, color, religion, sex, national origin, politics, marital status, physical handicap, or age. We are committed to providing a supportive and professional environment that values and promotes diversity.

All new VA Health Care System employees are subject to background checks. Because of significant time delay between completion of criminal background checks and the start of the internship year, shortly after selection interns will be instructed to begin the procedure for completing this background check, and match result and select decisions are contingent on passing the screens. Interns are included in the random selection for drug screening during their appointments. VA training occurs in a health care setting; some of the patients served by VA are elderly or infirm and could succumb to common illnesses like influenza. It is important to be able to document that your vaccinations are up to date and that you have been screened for active tuberculosis prior to starting your training at a VA hospital. Securing a statement from university student health center, your regular health provider, or an urgent care clinic can expedite your appointment. Additionally, maintaining a current flu vaccination during the training year (or taking additional preventative measures to limit patient exposure to the flu) and current COVID vaccination will be required. A Training Qualifications and Credentials Verification Letter [[Trainee Qualifications and Credentials Verification Letter \(TQCVL\) - Office of Academic Affiliations \(va.gov\)](#)] also is required as part of the onboarding process. The letter documents extern, intern, or postdoctoral resident readiness for starting their clinical work at a VHA facility. There are requirements for such things as Hepatitis B vaccination (or signing a declination form), TB screening, screening against the List of Excluded Individuals and Entities database, etc. VA guidelines direct if the intern applicant is male, he must have registered with the Selective Service System by age 26 years. See VA Psychology webpage for further details about eligibility requirements <https://www.psychologytraining.va.gov/eligibility.asp> (webpage with link). The above site also includes links to eligibility requirements to train at VA Facilities ([Am I Eligible? Checklist for VA HPTs](#)) and VA being a drug free workplace ([VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)).

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Interns appointed for 90 days or more and who participate in training a minimum of 130 hours per month meet the eligibility requirements for Federal Employee Health Benefits (FEHB). Interns can enroll in FEHB on their first day at VA and be covered by the first pay period. Interns are not eligible for benefits such as Vision, Dental, FMLA, paid parental leave, etc.

Address application questions to:

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Phone: 605-333-6890
Emily.Blegen@va.gov

Or

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Kari.Leiting@va.gov

Candidate Interviews

All personal interviews are conducted remotely, typically via video. Interviews are individual and coordinated by invitation only. Interviews are required of all applicants who make the final selection round. Candidates will be informed by email by end-of-business on Wednesday, **November 30, 2022** concerning whether or not they have been invited for a personal interview. We regard interviews as a two-way process - a chance for us to meet and learn more about the applicant and an opportunity for the applicant to meet us and get a better understanding of our program. Interview Days are scheduled for 8:15 a.m. to 3:15 p.m. CST and involve an informational session with the training director(s) and supervisor(s) for several rotations as well as formal interviews in the afternoon. For the current selection cycle, interviews will take place on Monday, **December 12, 2022**; Wednesday, **January 4, 2023**; and

Wednesday, **January 18, 2023**. Applicants will need to be available to interview on one of those days should they be invited for an interview. All invitation emails are released at the same time, to allow for equal opportunity to schedule a preferred interview date. As there are a limited number of spots available on each day and we may not be able to accommodate an applicant's first date choice, we ask the applicant also to specify alternate day preferences. Interview day appointments will be determined by the order in which emails are received. Once an interview day has been agreed upon, we will provide further information and details. We adhere strictly to the selection process guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Match Process

We will follow the match policies established by APPIC. Our program uses one match number for all positions. Internship programs may choose to inform applicants prior to the February deadline as to whether or not the applicants remain under consideration for admission, but may not communicate other ranking information. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Additional information regarding the match is available through the National Matching Services. **The Sioux Falls VA Match Number is 220611.**

COVID-19 Response and Adaptations

The COVID-19 pandemic has created some challenges in intern training. One of the challenges is that the pandemic evolves, so the training situation also will evolve. With COVID-19, this means we cannot say for certain exactly how specific rotations or training opportunities may evolve for the 2023-2024 training year. Due to the COVID-19 pandemic, the training program has transitioned psychology interns to seeing many of their Veterans via telehealth and attending and participating in didactics and supervision via virtual media technologies. The training program also increased time at the start of the year for interns to observe supervisors conducting clinical care as well as the amount of initial live, direct observation of clinical care by supervising psychologists. Interns at the end of the 2021-2022 training year were working in separate offices. The training program has been able to continue training plans with workarounds for some activities. We do not expect there to be any significant changes to the base rotations, but there will likely be more utilization of telehealth and technology-based delivery platforms should the pandemic continue. In that case, we will continue to utilize virtual technology the majority of the time and be mindful when scheduling in person contact. It goes without saying that the health and safety of our Psychology Interns, along with the competent care of our Veterans, is of utmost importance to us. As always, the SFVAHCS psychology internship will continue to provide high quality training in psychology while keeping our trainees' health and wellness at the forefront.

Training Model and Program Philosophy

SFVAHCS Mission Statement: To honor America's Veterans by providing exceptional health care that improves their health and well-being.

SFVAHCS Mental Health Service Line Mission Statement: To help improve the health and well-being of Veterans and their families through use of best evidence practice health care, in a timely manner.

SFVAHCS Psychology Internship Mission Statement: To provide a wide range of experience in the application of psychological principles, including psychotherapy and psychological assessments, through exposure to Veterans of varying backgrounds and cultures, thus fostering substantial responsibility in carrying out professional functions to prepare the intern to become an independent practitioner as a clinical psychologist.

Philosophy Statement: The SFVAHCS's psychology internship program espouses a competency-based training experience that is responsive to the mission of the facility and the Mental Health Service Line in providing exceptional health care through the use of best-evidence practices in a timely manner to improve the health and wellbeing of our Veterans. We are committed to providing a broad range of high-quality learning opportunities and supervision to the intern, with a strong emphasis in rural health care, in a supportive and professional environment. We view the internship training program as a service to the psychology profession and not as a revenue or labor source. It is the aim of the internship to assist the intern in completing the final formal training required on his or her way to becoming an independent practitioner by meeting the specific goals and objectives set forth by the internship program.

Time Requirements

The standard "tour of duty" is 8:00 a.m. to 4:30 p.m. with 30 minutes for lunch and two 15 minutes breaks. Unsupervised time outside the regular 40-hour tour of duty cannot involve direct patient contact. Any hours worked beyond the 8:00 a.m. to 4:30 p.m. tour of duty Monday through Friday will be documented on Trainee Time Sheets. The hour requirements are a minimum expectation, and the emphasis should be placed on doing what needs to be done to gain the desired training rather than on the number of hours worked. At the same time, the internship structure is expected to help the intern adhere to a 40-hour per week work schedule. The internship is designed to duplicate the first year of a VA staff psychologist in terms of time commitment, leave time, and flexibility of time schedule.

Orientation

The orientation period is important for welcoming and orienting the intern to the internship program. The intern will begin to learn about the variety of administrative and clinical areas

where psychologists are assigned. They will have the opportunity to meet with psychology staff members to gain a better understanding of the psychologists' roles in various areas. During orientation, the interns meet with the Training Director and Assistant Training Director to plan their training schedule for the entire year. Two major rotations will be completed which are six months in duration. Interns may also select one or two minor rotations that are six months in duration. Each rotation will provide an opportunity for exposure to and participation with various interprofessional treatment teams, the make-up of which will depend on the rotation. The intern will be supervised by licensed psychologists, most of whom have received specialized training through VA in EBPs. The intern will be educated on the research behind these therapies as well as on how to apply them by the mental health staff who have had this formalized training and who regularly put it into practice. In addition to the two major rotations and minor rotations, each intern will be required to complete a year-long rotation in psychological assessment in which they will administer, score and interpret statistically sound cognitive, personality and neuropsychological tests. During the orientation period, the intern also will be introduced to general procedures of the Mental Health Service Line at SFVAHCS. Orientation will include but is not limited to the following:

- 1) Complete personnel processing and learning about hospital-wide policies and procedures.
- 2) Tour the medical center.
- 3) Review administrative guidelines of the Mental Health Service Line and the Psychology Internship Training Program.
- 4) Meet with psychologists.
- 5) Complete baseline evaluation and assessment of skills.
- 6) Select rotations and develop individual training plans.
- 7) Receive office assignments, keys, parking tags, ID badges, security fobs, pagers and other related materials.
- 8) Receive copies of relevant research and policies, to discuss with Training Director or Assistant Training Director, such as:
 - a. Client Perceptions of Therapists' Multicultural Orientation: Cultural (Missed) Opportunities and Cultural Humility (Owen et al., 2015)
 - b. Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (APA, 1993)
 - c. Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients (APA, 2012)
 - d. Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (APA, 2015)
 - e. Introduction to Mentoring: A Guide for Mentors and Mentees (APA, 2006)
 - f. VA/DoD PTSD Practice Guidelines (2017)

- g. Working with Veterans and Military Families: An Assessment of Professional Competencies (Leppma et al., 2016)
- 9) Complete TMS telework training.
- 10) Compete training in the CPRS and Mental Health Suite.

Program Aims, Competencies, and Requirements for Completion

Training will consist of a competency-based education, expanding on both the foundational and functional competencies of the intern. Per APA Guidelines and Principles, the primary training method for the intern will be experiential in that the intern will provide services through direct contact with Veterans. There will be a wide range of quality professional training with education that is broad in focus, so the skills learned will be generalizable to other populations outside of VA. These competencies are assessed within a framework of increasing understanding and will be enhanced by both supervised clinical experience and didactics.

The aim of our program is to prepare interns for entry to postdoctoral positions as an independent psychologist, and to carry on the goals, ethics and ideals of the profession as they enter the field of professional psychology. Consistent with our overall aim, it is expected that upon completion of the program, all interns will meet the following nine competencies, expressed through the following elements:

Competency: Demonstrate competency in the knowledge of and ability to consistently provide accurate *Diagnostic Skills, Assessment and Case Conceptualization*.

Elements

- 1) Establishes rapport with the patient.
- 2) Diagnostic interviewing skills.
- 3) Differential diagnostic skills and knowledge of the most recent version of the DSM/ICD.
- 4) Completes interview within a reasonable time frame.
- 5) Selection of appropriate assessment tools based on referral question, client history, and support by the empirical literature.
- 6) Appropriate administration of assessment tools.
- 7) Appropriate scoring of assessment tools.
- 8) Appropriate interpretation of assessment tools.
- 9) Reliably evaluates risk for suicide/harm concerns and potential for violence and documents evaluation.
- 10) Completes suicide/homicide risk assessments and safety plans as appropriate.
- 11) Writes a comprehensive, yet concise, report which clearly addresses the referral question.
- 12) Report includes all necessary biopsychosocial information as well as collateral information.

- 13) Report includes accurate/defensible conclusions/conceptualization which incorporates theory and case material.
- 14) Report includes useful recommendations that are clear and concrete.
- 15) Provides meaningful, understandable and useful communication of results (e.g., client, family members, other professionals).
- 16) Understands effects of medical conditions and medications on psychological functioning.
- 17) Manages expected workload pertaining to assessment.

Competency: Demonstrate competency in the knowledge of and ability to consistently and appropriately apply empirically supported *Clinical Skills* while providing individual and group *Psychotherapy/Counseling*.

Elements

- 1) Completes required patient records promptly and accurately.
- 2) Discusses issues of confidentiality and informed consent with the patient.
- 3) Recognizes and responds appropriately to patient crisis, facilitating the patient's exploration and expression of affectively difficult issues during crisis.
- 4) Demonstrates appropriate clinical judgment regarding intervention during patient crisis.
- 5) Collaboratively establishes therapy goals and develops a treatment plan.
- 6) Formulates a useful case conceptualization from a theoretical perspective to guide treatment.
- 7) Establishes and maintains an effective therapeutic alliance.
- 8) Applies therapeutic techniques in an effective and flexible manner.
- 9) Independently delivers Evidence Based Therapies.
- 10) Demonstrates awareness of personal issues that could interfere with therapy.
- 11) Maintains professional boundaries.
- 12) Plans for termination and manages termination in a healthy manner.
- 13) Coordinates care with other providers.
- 14) Monitors and documents patient progress during therapy and toward goals and adjusts therapy approach as needed.
- 15) Manages expected workload pertaining to intervention.
- 16) Demonstrates appropriate clinical judgment regarding supervision and consultation during patient crisis.

Competency: Demonstrate competency in the knowledge of, ability to collaborate in and appropriate provision in direct or simulated practice of *Supervision*.

Elements

- 1) Collaborates effectively with other providers or in interdisciplinary settings.

- 2) Appreciates and integrates perspectives from theory, scientific literature, and other professions in supervision with supervisor.
- 3) Develops expected knowledge regarding supervision.
- 4) Able to establish and maintain an effective supervisory relationship.
- 5) Provides appropriate feedback/guidance to relevant parties such as supervisees.
- 6) Deals with boundary issues and the power differential in supervisory relationship as needed.
- 7) Integrates awareness and knowledge of individual and cultural diversity in providing supervision.

Competency: Demonstrate competency in the knowledge of and ability to consistently provide appropriate type and level of information when providing *Consultation* and *Interprofessional/ Interdisciplinary Skills*.

Elements

- 1) Conducts consultations with skill and knowledge.
- 2) Prepares clear and useful feedback and recommendations to all appropriate parties.
- 3) Appreciates and integrates perspectives of other professionals to maintain a climate of mutual respect.
- 4) Integrates knowledge of one's own role and those of other professions to appropriately assess and address/coordinate the health care needs of the patients and populations served.
- 5) Performs effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, and effective.
- 6) Develops expected knowledge regarding program evaluation and development.

Competency: Demonstrate competency in the knowledge of and ability to consistently apply *Scholarly Inquiry*.

Elements

- 1) Seeks out professional writings regarding assessment cases.
- 2) Seeks out professional writings regarding treatment cases.
- 3) Awareness and use of current literature, research and theory in interventions/assessments.
- 4) Independently compares EBP approaches with other theoretical perspectives and interventions in case conceptualization and treatment planning.
- 5) Uses findings from outcome evaluation to alter intervention strategies as indicated.
- 6) Demonstrates independent, critical thinking in scholarly endeavors.

Competency: Demonstrate competency in the knowledge of and ability to consistently demonstrate appropriate behavior in compliance with *APA Ethical Principles, Professional Standards, and Legal Issues*.

Elements

- 1) Demonstrates knowledge of issues related to confidentiality and informed consent.
- 2) Demonstrates awareness of APA ethical guidelines and ethical issues that arise in professional activities and applies ethical decision-making processes to resolve them.
- 3) Demonstrates ability to think critically about ethical and legal issues.
- 4) Behaves in a manner that is consistent with ethical guidelines.
- 5) Adheres to ethical guidelines in assessment.
- 6) Adheres to ethical guidelines in treatment.
- 7) Adheres to ethical guidelines relevant to consultation and supervision.
- 8) Adheres to ethical guidelines relevant to scholarly inquiry.

Competency: Demonstrate competency in the knowledge of and ability to consistently demonstrate sensitivity and awareness regarding *Cultural and other forms of Diversity*.

Elements

- 1) Demonstrates awareness of numerous aspects of individual diversity, and how their own personal/cultural history, attitude, and biases may affect how they understand and interact with people different from themselves.
- 2) Adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others.
- 3) Sensitive to issues of diversity in assessment.
- 4) Sensitive to issues of diversity in case conceptualization.
- 5) Sensitive to issues of diversity in treatment.
- 6) Sensitive to issues of diversity relevant to consultation and supervision.
- 7) Sensitive to issues of diversity relevant to scholarly inquiry.

Competency: Demonstrate competency in the ability to consistently and appropriately convey *Professional Values, Attitudes, and Behaviors*.

Elements

- 1) Reliably manages expected workload.
- 2) Responds appropriately to supervisory feedback.
- 3) Manages conflicting environmental and supervisory demands appropriately.
- 4) Well prepared for supervisory meetings and effectively presents clinical material in supervision.
- 5) Recognizes how personal characteristics and biases impact therapy/assessment work and seeks supervision/consultation when needed.
- 6) Awareness of own competence and limitations as a clinician.

- 7) Awareness of continuing developmental professional goals.
- 8) Possesses an appropriate level of confidence in clinical abilities and has a sense of self as a “Psychologist.”
- 9) Is able to appropriately express professional needs to supervisors.
- 10) Interacts professionally and respectfully with other staff, appropriately managing boundaries.
- 11) Demonstrates accountability, responsibility, and dependability.
- 12) Shows initiative.
- 13) Exercises good judgment as a professional.
- 14) Concern for the welfare of others and their general well-being is evident in all professional contexts.

Competency: Demonstrate competency in effective communication skills and the ability to form and maintain successful professional relationships involving *Communication and Interpersonal Skills*.

Elements

- 1) Interacts effectively with psychology staff and program leadership.
- 2) Oral communication is clear and reflects a thorough grasp of professional language and concepts.
- 3) Uses appropriate professional language when communicating with other health care providers.
- 4) Nonverbal communication is professional/appropriate.
- 5) Written communication is clear and reflects a thorough grasp of professional language and concepts.
- 6) Forms and maintains respectful and productive relationships with clients.
- 7) Forms and maintains respectful and productive relationships with peers, colleagues, and supervisors.
- 8) Understands diverse views in complicated interactions.
- 9) Manages difficult interpersonal challenges and conflictual relationships when needed.

On entry into the program, the interns' prior training experiences are reviewed, and their assessment and therapy abilities are assessed. This is done to identify strengths and areas of further growth to facilitate the development of a training program that best meets the specific training needs of each intern. In keeping with our philosophy, interns are encouraged to address those areas in which they have had limited experience (e.g., working with certain populations, particular assessment approaches, exposure to various theoretical orientations).

This website training brochure is not comprehensive. At the beginning of the training year, each intern receives a Psychology Intern Handbook that is comprehensive including specifies about the required competency elements within each domain, along with examples of

expected levels of performance. Competency ratings will be operationalized and will be a measurable reflection of the program's stated aims and competencies. These ratings will be used to show the intern has achieved the expected outcomes, has successfully completed the internship requirements and has demonstrated the ability to move on to entry-level practice in the field of professional psychology. The means for assessing these competencies will be varied and include self-assessment, direct observation, the use of video or audio recordings, formal and informal case presentations, review of written work, review of test data, discussion of clinical interaction, individual and group supervision, as well as input from other interdisciplinary staff. Assessment of competencies will occur throughout the internship year. Informal feedback will be given on a regular basis during supervision. Formal evaluation of competencies is completed midway through the year and near the end of internship, with the Training Director providing feedback to the intern. At the end of the year, the Training Director will consolidate and summarize the intern's training history and competency ratings that will be used as part of the data for the year end reports for the Office of Academic Affiliations (OAA). In addition to evaluation of the intern, ongoing evaluation of the program by the intern will also be gathered, including ratings and feedback on didactic seminars, supervisors and the program itself. Further follow-up evaluations will be attempted at one and three years. These evaluations will assess the degree to which the program met its aims and objectives and if and when the intern became licensed, obtained work on a part-time or full-time basis, and if the work was in their chosen field. Information gleaned from all evaluations will be used to further improve and change the program as deemed appropriate.

Program Structure

The intern will receive supervision that maintains full compliance with VHA Handbook 1400.04 *Supervision of Associated Health Trainees*, which will be offered both formally and informally throughout the year. Program staff will exhibit mutual courtesy and respect for cultural and individual diversity towards each other and among the interns. The structure of supervision and supervisors will include the following: Director of Training will provide the general administration of the internship. Each intern will have a Yearly Mentor that will serve as an advocate, provide support, and support planning for post-internship goals. Each intern will have one or two Rotational Primary Supervisor(s) who will supervise the intern's rotation, provide evaluation and manage progress of rotational competencies, and serve as case supervisor during the rotation. Formal supervision will be scheduled on a regular basis and include a minimum of four hours per week. A minimum of 200 hours of supervision (a combination of group and individual) is required to be obtained by the intern. Further learning will be offered through regularly scheduled didactics seminars, Continuing Medical Education, difficult case conferences, joint learning opportunities, and observational learning opportunities. This broad range of training activities will be structured to assist the intern in acquiring the knowledge and skills needed to demonstrate competency within the identified aims and objectives of the program. Program staff will be accessible to the interns to provide

them with consultation, guidance, supervision, and encouragement needed to successfully complete the internship.

Maintenance of Record

Secure storage of intern records is the responsibility of the Training Director. Internship electronic files are kept in a secured online VA system folder, which is accessible to the Training Director and Assistant Training Director; this includes one separate folder for each of the interns' files. The electronic intern file includes the APPI and interview process data, formal communications, evaluations, and copies of major presentations (e.g., case presentation, diversity workgroup). Some documents, namely evaluations, formal communications, and hours totals are kept in paper intern files, which are secured in a locked file cabinet in the Training Director's office, behind a locked door, and is accessible to the Training Director. Intern APPIs, internship applicant and interview day related rating forms, select evaluation results, and current Intern Training Plans are available to the Psychology Training Committee in a secured online VA system folder, which is accessible to the training team during the applicable year. De-identified and identified intern data is recurrently provided to APPIC (e.g., degree types, school types, post-internship job category), APA (e.g., self-study), and OAA (VA Office of Academic Affairs) as part of annual updates.

Training Experiences

Training Rotations

During their first week, interns will complete baseline assessment and identify short- and long-term career goals. In conjunction with the Director of Training, an intern will select two major rotations (along with the required Assessment rotation that spans the entire year) as part of an internship year training plan that is consistent with and supports the intern's goals and aim of the internship. The intern also will select two adjunctive experiences, each lasting six months, or one year-long adjunctive experience. Total training hours equal 2080 hours for the internship year.

For every intern, the six fundamental experiences built into the internship program are indicated below:

Experience	Duration	Hours/Week	Supervision
2 Major Rotations <ul style="list-style-type: none"> • Neuropsychology Assessment • General Outpatient Mental Health OR General Outpatient Mental Health Telehealth Focus • Posttraumatic Stress OR Posttraumatic Stress Telehealth Focus 	6 months each	16	2 hours/week
1 (year-long) or 2 (six months each) Minor Rotation(s) <ul style="list-style-type: none"> • Administration • Group Psychotherapy • Military Sexual Trauma • Neuropsychology Assessment • Primary Care Mental Health • Rehabilitation & Extended Care 	12 months	7	1 hour/week
Year-long Assessment Rotation	12 months	7	1 hour/week
Testing Team (Assessment group)	12 months	N/A	1 hour/week
Meetings	12 months	3	N/A
Didactics	12 months	2	N/A

ADMINISTRATION Minor Rotation

Possible supervisor(s) include: Available staff dependent on intern interests.

Duration: 6 months during second half.

Supervision: One hour individual face-to-face weekly supervision.

Description: In addition to clinical work, psychologists can have responsibilities as program managers, as program developers, in personnel management, and as part of committees representing mental health. This experience offers the intern exposure to some VA administrative roles. The intern will be matched with a supervisor in an administrative role of interest and will learn the responsibilities and tasks associated with this role. Possible supervisors may include the Mental Health Outpatient Psychology Supervisor, EBP Coordinator, or Health Behavior Coordinator. Committee experiences may include disruptive behavior committee, vocational rehabilitation committee, health promotion and disease prevention committee, or ethics committee. Opportunities also include policy development and attending committee meetings. This rotation is subject to approval by the Training Director and training committee based on intern performance in clinical duties during the first half of the internship training year as well as intern progress toward minimum hours requirement (500 direct client contact hours).

Responsibilities: Will vary depending on training goals and available supervisors. Responsibilities will be coordinated with the rotation supervisor. Options include:

- Staff or hospital outreach or education.
- Community outreach or education.
- Review of and write policies and procedures.
- Shadow administrative or program management duties (e.g., policy review).
- Program development.
- Attend monthly teleconference training series calls.
- Attend monthly webinar series.
- Attend committee meetings.

ASSESSMENT Year-Long Rotation

Possible supervisor(s) include: Emily Blegen, PsyD, ABN, and Kristi Wall, PsyD

Duration: One day per week for the duration of the internship. Required of all interns.

Supervision: A minimum of one hour of individual supervision, and one hour of group supervision (Testing Team).

Description: This will be a mandatory rotation for all interns. Interns will develop the knowledge and abilities required to complete a diagnostic interview; administer, score, and interpret statistically sound personality and neuropsychological evaluations; and write an effective report to gain the level of expertise needed to become an independent practitioner. Interns will be expected to conduct a range of assessments for a variety of purposes to assist with diagnosis and treatment planning. Assessment may utilize secure tele-neuropsychology methods. By the end of this rotation, interns will have a firm grounding in principles of neuropsychological evaluation. To facilitate these goals, group supervision meetings include discussion of theoretical and practical issues of assessment and neuropsychology, case conceptualization and test interpretation, and education and discussion about a variety of neurological conditions. At the Sioux Falls VA, neuropsychology is largely a diagnostic and consultative service. Most assessments are provided on an outpatient basis, with opportunities for inpatient assessment also available. Patients often present with complex problems and a variety of etiologies, though typical referral questions include differential diagnosis of dementias, differential diagnosis of attention problems in adult Veterans, traumatic brain injury, assessment of relative contributions of behavioral and mental health conditions in impaired patients, and progress in recovery status post-acute medical event (e.g., stroke, anoxia). Interns will typically have the opportunity to observe a pre-surgical evaluation provided to medical populations, including bariatric surgery, organ transplantation, or pain device implantation; interns may have the opportunity to complete one or more of these assessments.

Responsibilities: Will vary depending on training goals, trainee experience, and availability of or need for service. Responsibilities will be coordinated with the rotation supervisors.

Opportunities include the following:

- Competencies emphasized include diagnostic interviewing, intellectual assessment, cognitive assessment, and personality assessment.
- Interns in this rotation can expect to utilize self-report and performance-based tests. By the end of internship, trainees will be expected to demonstrate competence in both of these areas.
- Interns will have exposure to neuropsychological assessment. They will be expected to develop competence in appropriate administration of the tests and understanding skills each test measures, but will not be expected to develop independent competence in interpretation of the profile of those results.

- Interns will be expected to become familiar with research relevant to assessment in general.
- Interns will be assigned approximately 2-3 cases per month, allowing for initial orientation and training time as well as no shows. Interns can expect to complete at least 10-15 comprehensive assessments by the end of the year.
- Interns will become competent in the writing of assessment reports, including integration of test data and making appropriate recommendations. Interns will be expected to be involved in providing assessment feedback to patients, families, and referral sources as requested, working closely with their supervisor.
- Scheduling will be done by supervisors. Interns can expect to have someone scheduled on their designated assessment day and will be expected to review the medical record for pertinent information to discuss with their supervisor regarding specific information about the referral.
- Interns will also be responsible for answering inpatient consults from time to time. These assessments have a quicker turnaround time than do outpatient referrals and need to be completed within 24-48 hours, so the intern may or may not have the opportunity to write a portion of the report.
- Interns are responsible for completing their work and documentation according to timeline requirements and for letting the supervisor know if they are not able to meet this timeline.
- Normative and interpretive reference manuals will be available for intern use, but interns are encouraged to bring any materials they may have, appropriately marked with intern name.
- Interns will be expected to research and write a concise scholarly report on at least one assessment tool or diagnosis which will be shared with other interns.
- Supervision of a practicum student in assessment.

Recommended reading:

Groth-Marnat, G., & Wright, A. J. (2016). *Handbook of psychological assessment* (6th ed). Hoboken, NJ: John Wiley & Sons.

GENERAL OUTPATIENT MENTAL HEALTH Major Rotation

Possible supervisor(s) include: Erik Lohmann, PsyD, Erin Murtha-Berg, PhD, and Desiree Poppens, PsyD

Duration: 6 months during the 1st or 2nd rotation.

Supervision: Two hours weekly individual supervision, 1-2 hours weekly Behavioral Health Interdisciplinary Program team meeting.

Description: This rotation will focus on furthering knowledge and abilities regarding services provided through an outpatient mental health clinic. Individual psychotherapy opportunities are emphasized, with a focus on Cognitive Behavioral Therapy and Acceptance and Commitment Therapy. Intake experiences include diagnostic assessment, interviewing, and treatment planning. Our outpatient mental health clinic provides services for a wide variety of diagnoses and presenting issues, with interns typically seeing Veterans experiencing depressive disorders, anxiety disorders, and insomnia, but there also may be opportunities for seeing Veterans with marital issues, chronic pain, personality disorder, and serious mental illness, and the intern may utilize evidence-based treatment for these issues as well. There may time-limited, skills-based groups available for the intern to observe, co-lead, and lead under supervision. Some of the groups include a focus on depression, borderline personality disorder, moral injury, or schizophrenia. Due to the rural nature of our catchment area, the intern will also be provided the opportunity to receive supervised experience with telehealth. Consistent with APA guidelines, the intern will develop skills to provide telehealth services in a developmental manner. First, the intern must demonstrate competencies face-to-face before the introduction of providing any electronic versions of therapy, such as telehealth. An opportunity for individual or group therapy may exist on an inpatient basis, as our inpatient psychiatric unit serves Veterans who are admitted for a number of mental health conditions such as depression, schizophrenia, schizoaffective disorder, bipolar disorder, anxiety disorders, dementia, and dual diagnosis issues.

Responsibilities: Will vary depending on training goals, trainee experience, and availability of and need for service. Responsibilities will be coordinated with the rotation supervisor(s).

Options include the following:

- Engage in individual therapy with at least 6 patients per week in person or via telehealth.
- Conduct biopsychosocial intakes and diagnostic interviews with individual therapy patients.
- Collaboratively develop treatment plans with patients using objective, reasonable, and measurable goals.

- Complete assessment as needed for diagnostic clarification and treatment planning of individual therapy patients.
- Attend and actively participate in weekly mental health outpatient treatment team consultation meetings and BHIP meetings, presenting individual therapy cases for feedback as appropriate.
- Attend monthly interdisciplinary meetings.
- Make appropriate referrals to other disciplines as necessary.
- Enhance cognitive behavioral case formulation and treatment through recommended readings, supervision discussions, and application to therapy cases.
- Conceptualize and provide treatment using Acceptance and Commitment Therapy through recommended readings, supervision discussions, and application to therapy cases.
- Observe and facilitate therapy sessions for groups that can include CBT for depression, ACT for Mood, Emotion Regulation, Illness Management and Recovery, and Social Skills Training.
- Participate in elements of program development.

Recommended readings:

Wright, J. H., Basco, M. R., & Thase, M. E. (2006). *Learning cognitive-behavior therapy: An illustrated guide*. Washington, DC: American Psychiatric Publishing.

Hayes, S. C, Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change*, (2nd ed). New York, NY: The Guilford Press.

Hayes, S. C., & Smith, S. (2005). *Get out of your mind and into your life: The new acceptance and commitment therapy*. Oakland, CA: New Harbinger.

GENERAL OUTPATIENT MENTAL HEALTH *TELEHEALTH FOCUS* Major Rotation

Possible supervisor(s) include: Erik Lohmann, PsyD, Erin Murtha-Berg, PhD, and Desiree Poppens, PsyD

Duration: 6 months during the 1st or 2nd rotation.

Supervision: Two hours weekly individual supervision, 1-2 hours weekly Behavioral Health Interdisciplinary Program team meeting.

Description: Technology is expanding the ways in which VA psychologists may reach out to Veterans with mental health needs. Community-based outpatient clinics (CBOCs) and telehealth technologies provide outpatient mental health care to Veterans located in more rural settings. The purpose of this training opportunity is to increase patient access to specialty mental health care in rural and underserved areas, and to reduce the number of miles that patients must travel to receive mental health services.

This training rotation offers the intern the experience of utilizing secure videoconferencing technology to provide services for Veterans who live in a predominantly rural area. The intern will provide telehealth services the majority if not all of their rotation. The intern will increase skills in coordinating services and care with other professionals in VA mental health and in the community. The intern will gain knowledge and abilities providing telehealth services through a CBOC. Consistent with APA guidelines, the intern will develop skills to provide telehealth services in a developmental manner. First, the intern must demonstrate competencies face-to-face before the introduction of providing any electronic versions of therapy, such as telehealth.

The intern will complete intakes and provide evidence-based treatment as noted in the above description for General Outpatient Mental Health.

Responsibilities: Will vary depending on training goals, trainee experience, and availability of services. Responsibilities will be coordinated with the rotation supervisor(s). Options include:

- Provide specialized interventions (e.g., evidence-based therapies) with at least 6 patients per week via telehealth.
- Conduct biopsychosocial intakes and diagnostic interviews with individual therapy patients.
- Collaboratively develop treatment plans with patients using objective, reasonable, and measurable goals.
- Complete assessment as needed for diagnostic clarification and treatment planning of individual therapy patients.

- Attend and actively participate in weekly mental health outpatient treatment team consultation meetings and BHIP meetings, presenting individual therapy cases for feedback as appropriate.
- Make appropriate referrals to other disciplines as necessary.
- Enhance case formulation and treatment through recommended readings, supervision discussions, and application to therapy cases.

Recommended readings:

See General Outpatient Mental Health rotation syllabus.

GROUP PSYCHOTHERAPY Minor Rotation

Possible supervisor(s) include: Dependent on groups.

Duration: 6 months during first or second half or yearlong.

Supervision: One hour individual face-to-face weekly supervision.

Description: This experience offers the intern the opportunity to develop, refine, and expand group psychotherapy skills. The intern will select groups to co-facilitate amongst such potential options as Emotion Regulation Skills, Moral Injury, CBT-D, ACT-D, Pain School, CBT-I, Illness Management and Recovery, Seeking Safety, Social Skills Training, and inpatient (CBT skills groups). There may be opportunity to develop new group therapy programming. Choice of group(s) will depend on intern skill, experience, clinical interest, major rotation schedule, supervisor, and group availability.

Responsibilities: Responsibilities will be coordinated with the individual group supervisors and may vary slightly depending on intern experience. In addition to co-facilitation or independent facilitation of psychotherapy groups, opportunities may include:

- Recruitment of group members.
- Staff and hospital education and outreach of group availability.
- Screening for group participation.
- Documentation of group sessions and treatment plans.
- Participation in online trainings or consultation calls.

Recommended reading:

Yalom, I. D., & Leszcz, M. (2005). *Theory and practice of group psychotherapy* (5th ed). New York, NY: Basic Books.

MILITARY SEXUAL TRAUMA Minor Rotation

Possible supervisor(s) include: Desiree Poppens, PsyD

Duration: 6 months during second half or yearlong.

Supervision: One hour individual weekly supervision.

Description: The Sioux Falls VA is committed to supporting survivors of Military Sexual Trauma (MST) by offering a variety of services to address any MST-related mental and/or physical health needs. The clinical population is complex, with many patients presenting with comorbid disorders and multiple traumatic events. The intern experience will be primarily administrative focused while working with the facility MST coordinator, though there also may be some clinical opportunities that arise.

The term Military Sexual Trauma (MST) is defined by Federal law (Title 38 U.S. Code 1720D) and refers to “conditions, which in the judgment of a health care professional employed by the VA, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on duty, regardless of duty status or line of duty determination.” Sexual harassment is further defined as “unsolicited verbal or physical contact of a sexual nature which is threatening in character.”

VA is committed to ensuring that MST survivors have access to the help they need in order to recover. The Veteran does not have to be service connected for a mental or physical health condition secondary to MST or have reported the MST while in the military in order to receive MST-related care through VA. Former Service Members who do not meet length of active duty requirements for general enrollment in VA health care are still eligible to receive care only for MST-related conditions. Former Service Members with a discharge that is not honorable, but not a punitive discharge, may still be eligible to receive MST-related care.

Responsibilities: Will vary depending on training goals and availability of services.

Responsibilities will be coordinated with the rotation supervisor. Options include:

- Expand conceptualization skills for MST.
- Shadow administrative and program management duties (e.g., policy review).
- Be a part of MST program development.
- Assist with outreach and awareness campaign for Sexual Assault Awareness Month (April).
- Attend bimonthly teleconference training series webinars.
- Attend bimonthly VISN 23 MST Coordinator Calls.
- Attend bimonthly MST Coordinator Community Calls.
- Co-facilitate MST group (if available).
- Provide education to staff (e.g., at CBOCs, primary care).

- Check MST hotline voicemail and triage in conjunction with MST coordinator.

NEUROPSYCHOLOGY ASSESSMENT Major and Minor Rotations

Possible supervisor(s) include: Emily Blegen, PsyD, ABN, and Kristi Wall, PsyD

Duration: These are an optional addition to the one-day required assessment rotation.

MAJOR ROTATION: 6 months during the 1st or 2nd rotation.

MINOR ROTATION: 6 months during first or second rotation or yearlong. Cannot be completed at the same time as a Neuropsychology Assessment Major Rotation, but can be completed the other six months.

Supervision:

MAJOR ROTATION: Two hours weekly individual supervision, in addition to regular assessment rotation supervision.

MINOR ROTATION: One hour individual face-to-face weekly supervision, in addition to regular assessment rotation supervision.

Description: These are optional rotations in which the intern will administer, score, and interpret statistically sound neuropsychological screens and tests. This will offer the intern the ability to learn and develop more advanced knowledge and skills with neuropsychological batteries than the mandatory assessment rotation. More emphasis in neuropsychology training allows for firmer grounding in principles of neuropsychological evaluation and advanced training in neuropsychology (postdoctoral fellowship).

Working closely with their supervisor, the intern will learn to carry out neuropsychological assessments from start to finish. This begins with evaluating and refining referral questions from providers in Mental Health, Primary Care, Neurology, Occupational Therapy, and Inpatient Medicine, as well as programs such as Vocational Rehabilitation or the Caregiver Support Program. The assessment process continues with gathering and evaluating historical and diagnostic information from medical charts, interviewing, and tailoring test batteries to address the specific patient's level of functioning and relevant differential diagnoses. Interns will achieve mastery in administration, some of which may be completed via secure tele-neuropsychology methods, and scoring of tests. There is emphasis on increasing skills in interpretation of test data. Writing neuropsychological reports that are informative and useful to both referring providers and patients will be a major emphasis of training. The intern will observe and provide feedback to the patients they assess and often to their families, an important and clinically sensitive task. The training emphasis on this rotation includes familiarization with cognitive models of normal brain functioning and neuroanatomy.

Responsibilities:

- Conduct a range of assessments for a variety of purposes, including diagnosis and treatment planning.

- Administer, score, and interpret neuropsychological assessments which will include comprehensive clinical interview and mental status evaluation in addition to neuropsychological instruments, and may also include personality testing. The intern will be expected to integrate data from all tests in an assessment into a comprehensive report that provides appropriate information to the referral source.
- Become competent in choosing appropriate test batteries to answer referral questions.
- The intern can expect some exposure to psychodiagnostic assessments as well as pre-surgical evaluations, though the clear emphasis will be on neuropsychological assessments.
- The intern will be expected to become familiar with research relevant to assessment in general, and specific cases as well.
- Depending on the rotation selection, the intern will be assigned approximately 2-8 cases per month, allowing for initial orientation and training time as well as no shows. Interns can expect to complete at least (in addition to the required assessment rotation) 5-10 comprehensive assessments by the end of the year, though this can be in upwards of 50. In the absence of clinical cases (e.g., an unusual amount of “no shows,”), then mock cases or historical cases will be used for supervision and analysis.
- The intern will become competent in writing assessment reports, including making appropriate recommendations.
- Provide assessment feedback to patients, families, and referral sources as requested.
- Scheduling will be done by supervisors. The intern can expect to have someone scheduled on their designated assessment day and will be expected to check with supervisors regarding specific information about the referral.
- The intern will also be responsible for answering inpatient consults from time to time. These assessments have a quicker turnaround time than do outpatient referrals and need to be completed within 24-48 hours, so the intern may or may not have the opportunity to write a portion of the report.
- Interns are responsible for completing their work and documentation according to stated timeline requirements and for letting the supervisor know if they are not able to meet this timeline.
- Supervision of a practicum student in neuropsychological assessment.

Recommended reading:

Lezak, M. D., Howieson, D. B., Bigler, E. D., & Tranel, D. (2012). *Neuropsychological assessment* (5th ed). New York, NY: Oxford.

POSTTRAUMATIC STRESS Major Rotation

Possible supervisor(s) include: Kari Leiting, PhD, and Desiree Poppens, PsyD

Duration: 6 months during the 1st or 2nd rotation.

Supervision: All trainees are required to participate in two hours of individual supervision per week. 1-2 hours weekly Behavioral Health Interdisciplinary Program team meeting. Specifics of supervision (e.g., videotaping, audio taping, live supervision, etc.) will be determined by each supervisor and discussed in advance with the trainee.

Description: This rotation will provide the opportunity to work with two psychologists and other mental health staff who provide outpatient services to Veterans within a specialized focus on Posttraumatic Stress Disorder and sub-threshold symptoms of PTSD that have resulted in clinically significant distress or functional impairment. Services are provided to Veterans of all eras and can be focused on various types of traumatic events (e.g., combat, MST, accidents, injuries etc.). Veterans often have complex histories and symptom presentations, which gives the intern the opportunity to refine differential diagnosis skills and gain experience with treatment planning that best meets the Veteran's needs and readiness level and stage of recovery. The intern will gain knowledge and exposure to providing evidence based therapies for these disorders that include Cognitive Processing Therapy and Prolonged Exposure by therapists who have received the special formalized training in these treatments. Opportunities may be available to observe and co-lead group therapy for Veterans with trauma symptoms and often co-occurring conditions. Training will also include administering recommended assessment tools such as the Clinician Administered PTSD Scale for DSM-5.

Responsibilities: Some guidelines are provided below. However, some specific duties of an intern will be negotiated at the start of the rotation and will be based on the interests and training needs of the intern as much as can be accommodated. Training options may include the following:

- Observe or conduct an average of 2 intakes per month.
- Conduct PTSD diagnostic interviews and measure treatment outcomes using measures such as the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), PTSD Checklist (PCL-5), and Patient Health Questionnaire Depression Scale (PHQ-9). Other measures may be used throughout the course of training.
- Provide psychotherapy to 4-10 Veterans per week.
 - Use Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), or both treatment modality for at least two Veterans.
 - Due to length of protocol with evidence-based psychotherapy (EBP) opportunities, the intern may be required to complete the EBP with a Veteran following the formal end of the rotation. In this situation, there may be some

overlap with another major rotation. The intern and rotation supervisors will work together in managing the intern's schedule should this situation arise.

- Gain experience in group therapy through observation and co-facilitation of a skills-oriented or support group.
- Participate in the PTSD didactic series offered through Minneapolis VA via VTEL. This series is offered one time during the training year. Trainees participating in the PTSD rotation are required to participate in the didactic series when it is offered, regardless of whether the intern is currently on the PTSD rotation at the time it is offered.
- Present current PTSD related journal article to supervisors or Psychology Internship Training Team.
- Attend and complete training to be VA certified in CPT.
- There may be additional opportunity for interns to assist with program development as the PTSD specialty services are evolving. New ideas are welcome.

Recommended readings:

- Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences*. New York, NY: Oxford University Press.
- Najavits, L. M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*. New York, NY: Guilford Press.
- Resick, P. A., Monson, C. M., & Chard, K. M. (2017). *Cognitive processing therapy for PTSD*. New York, NY: Guilford Press.
- Rothbaum, B. O., Foa, E. B., & Hembree, E. A. (2007). *Reclaiming your life from a traumatic experience*. New York, NY: Oxford University Press.

POSTTRAUMATIC STRESS *TELEHEALTH FOCUS* Major Rotation

Possible supervisor(s) include: Kari Leiting, PhD, and Desiree Poppens, PsyD

Duration: 6 months during the 1st or 2nd rotation.

Supervision: Two hours weekly individual supervision, 1-2 hours weekly Behavioral Health Interdisciplinary Program team meeting.

Description: Technology is expanding the ways in which VA psychologists may reach out to Veterans with mental health needs. Community-based outpatient clinics (CBOCs) and telehealth technologies provide outpatient mental health care to Veterans located in more rural settings. The purpose of this training opportunity is to increase patient access to specialty mental health care in rural and underserved areas, and to reduce the number of miles that patients must travel to receive mental health services.

This training rotation offers the intern the experience of utilizing secure videoconferencing technology to provide services for Veterans who live in a predominantly rural area. The intern will provide telehealth services the majority, if not all, of their rotation. The intern will increase skills in coordinating services and care with other professionals in VA mental health and in the community. The intern will gain knowledge and abilities providing telehealth services through a CBOC. Consistent with APA guidelines, the intern will develop skills to provide telehealth services in a developmental manner. First, the intern must demonstrate competencies face-to-face before the introduction of providing any electronic versions of therapy, such as telehealth.

The intern will complete intakes and provide evidence-based treatment as noted in the above description for Posttraumatic Stress.

Responsibilities: Will vary depending on training goals, trainee experience, and availability of services. Responsibilities will be coordinated with the rotation supervisor. Options include:

- Provide biopsychosocial intakes, diagnostic interviews, and specialized evidence-based therapies utilizing telehealth technology.
- Collaboratively develop treatment plans with patients using objective, reasonable, and measurable goals.
- Attend and actively participate in weekly mental health outpatient treatment team consultation meetings and BHIP meetings, presenting individual therapy cases for feedback as appropriate.
- Make appropriate referrals to other disciplines as necessary.
- Enhance case formulation and treatment through recommended readings, supervision discussions, and application to therapy cases.

Recommended readings:

See Posttraumatic Stress rotation syllabus.

PRIMARY CARE MENTAL HEALTH (PCMHI) Minor Rotation

Possible supervisor(s) include: Kari Leiting, PhD

Duration: 6 months during the second half.

Supervision: One hour weekly individual supervision.

Description: The emphasis of this rotation is on the provision of brief evaluation and intervention to outpatients who are identified as needing psychological assistance by their primary care team. Thus, the intern will utilize brief, evidence-based assessment and therapy modalities which may assist the primary care team in managing or improving the patient's overall medical outcomes. The intern will develop the knowledge and abilities required to provide integrated psychological services within interdisciplinary medical treatment teams, or Patient Aligned Care Team (PACT). The intern will work alongside staff in the Primary Care clinic and are available for walk-ins, emergency consultation, and scheduled patients. Interns will become familiar with common medical terminology and will become proficient in reviewing medical records for information relevant to their clinical role. Interns will learn to document and verbalize their findings and recommendations succinctly to accommodate a high volume and frequency of patient encounters inherent in integrated primary care. Referrals may be related to psychosocial stress, suicide risk assessments, adjustment difficulties, grief, decrease in medical compliance, mood issues, substance misuse, sleep problems, pain management, or other stressor or lifestyle-related problems. Several comorbid conditions frequently are seen.

Responsibilities: Will vary depending on training goals, trainee experience, and availability of and need for service. Responsibilities will be coordinated with the rotation supervisor. Options include the following:

- 2-5 mental health triages or initial evaluations per week.
- Brief individual psychotherapy.
- Mental health crisis management.
- Completing suicide risk assessments and safety plans.
- Utilizing supervision or consultation as questions arise.
- Making appropriate referrals to specialty programs.
- Reading articles published on PCMHI as assigned.
- Shadowing other members of the interdisciplinary team.
- Attending one weekly PACT team meeting.
- Collaborating with Primary Care psychiatry and social work.
- Attending other PCMHI-related meetings as assigned (e.g., Opioid Safety Initiative meeting).
- Co-facilitating of psychoeducation group, if available.
- Participating in elements of program development.

- Participating in shared medical appointments as available.
- Attending PCMHI annual training as available.
- Option to attend PCMHI VISN training to obtain initial PCMHI certification.

Recommended reading:

Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2016). *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention* (2nd ed). Washington, DC: American Psychological Association

REHABILITATION & EXTENDED CARE (REC) MINOR ROTATION

Possible supervisor(s) include: TBD

Duration: 6 months during first or second half or yearlong.

Supervision: One hour individual face-to-face weekly supervision.

Description: The BRO (Behavioral Recovery Outreach) program offers training within the Community Living Center (CLC). The CLC provides physical medical and rehabilitation, transitional care, and respite care to Veteran's staying in the unit. BRO and CLC will allow the intern experience with the specific types of psychological issues and problems that result from a variety of medical illnesses and conditions. In addition, the intern will learn to screen medical records for relevant psychological information, and participate in team meetings. The intern experience with BRO will be primarily administrative focused while working with the BRO psychologist and BRO interdisciplinary team, though there also will be some clinical opportunities that arise. The BRO service provides consultation, treatment planning, and evidence-based behavioral intervention for Veteran's exhibiting problems of distressed behavior due to dementia and serious mental illness. BRO provides treatment planning and consultation for community partners, facility staff, and ongoing care transition services to provide stabilization and consultation in community placements to reduce risk of rehospitalization, reduce inappropriate use of psychotropic medication, reduce caregiver burden and distress, and to improve Veteran quality of life. The intern experience with CLC will be primarily clinical focused. The intern will gain experience working amidst a coordinated continuum of services on the CLC. Veterans who reside in the long-term care unit have diverse and often complex chronic medical illnesses. On the CLC, the intern would have the opportunity to answer consults, provide assessment and diagnosis, develop treatment plans, participate in team meetings, and provide short-term psychotherapy.

Responsibilities: Will vary depending on training goals. Responsibilities will be coordinated with the rotation supervisor. Options include:

- Work in interprofessional teams.
- Problem solve and assist with behavioral treatment planning for difficult cases, including enacting environmental change.
- Provide evidence-based psychotherapeutic and behavioral interventions.
- Administration and interpretation of psychological assessments or cognitive screening for complex or unusually difficult Veterans with co-morbid mental and physical health problems.
- Understand the interaction of the patient, caregiver, and environment.
- Develop and continue strong relationships with community partners.
- Staff and hospital outreach and education.
- Provide recommendations to medical staff.

- Liaison services to Veterans in supportive community settings (e.g., nursing homes, assisted living, medical foster homes).
- Review and write policies and procedures.
- Shadow administrative and program management duties (e.g., policy review).
- Staff didactics.
- Possible research activities.

Recommended reading:

Hillman, J., & Stricker, G. (2002). A call for psychotherapy integration in work with older adult patients. *Journal of psychotherapy integration*, 12(4), 395.

Karlin, B. E., Teri, L., McGee, J. S., Sutherland, E. S., Asghar-Ali, A., Crocker, S. M., ... & Karel, M. J. (2017c). *STAR-VA Intervention for Managing Challenging Behaviors in VA Community Living Center Residents with Dementia: Manual for STAR-VA Behavioral Coordinators and Nurse Champions*. Washington, DC: U.S. Department of Veterans Affairs.

BRO Team Guidebook – contact supervisor for an updated copy.

Didactics

As noted above, further learning will be offered through regularly scheduled didactic seminars, Continuing Medical Education, difficult case conferences, joint learning opportunities with residents, supervision (group and individual), and observational learning opportunities. At the SFVAHCS internship site, we want the interns to receive high quality didactics from providers and others who are experienced in a variety of mental health and evidence-based therapy specialties to further the interns' development and growth and increase competency knowledge. Didactic topics typically include cultural diversity, ethics, behavioral health issues, rural mental health, psychological assessment, neuropsychology, preparation for licensure, suicide prevention, military culture, MST, motivational interviewing, psychopharmacology, telehealth, psychological treatment, hospice and palliative care, substance use, research, women's health, and consultation and supervision. Didactics are sequential, with early didactics being foundational. In keeping with APPIC standards, successful completion of the internship requires a minimum of 100 hours of scheduled didactic training and case conferences.

Scheduled didactics for the 2021-2022 training year were:

Acceptance and Commitment Therapy for Chronic Pain

Acceptance and Commitment Therapy for Depression

Acceptance and Commitment Therapy for Problem Anger

Additional Approaches to CBT

American Indian Culture & Mental Health

BRO Psychology

CAPS-5

CBOC Psychology

Challenging Clinical Situations Panel

Cognitive Behavioral Therapy for Chronic Pain

Cognitive Behavioral Therapy for Depression

Cognitive Behavioral Therapy for Insomnia

Cognitive Processing Therapy

Compensation and Pension

COPE

Couples Therapy

DBT and STAIR

Diversity in the Workplace

EPPP and Licensure

Ethical and Clinical Suicide Prevention Considerations

Evidence-Based Treatments for Persons with Psychotic-Spectrum Disorders

Group Therapy

Hospice and Palliative Care
How to be Successful on Internship
Impact of Rural Characteristics on Mental and Physical Health Care
Inpatient Assessment
Interpersonal Psychotherapy
Legal and Professional Considerations
LGBTQIA
Military Culture
Military Sexual Trauma
Mindfulness Based Relapse Prevention
Moral Injury
Motivational Interviewing
Neuroanatomy
Neuropsychology of Malingering
Neuropsychology Testing
Polytrauma Clinic
Postdoctoral Planning
Primary Care Mental Health Integration
Promoting Intern Well-Being
Program Development and Program Evaluation
Prolonged Exposure
Psychopharmacology
PTSD Assessment
PTSD Didactic Series (Vtel series through the Minneapolis VA)
Role of Social Work in VA
Sexual Health and Behaviors
Substance Use Disorders: Assessment and Treatment
Suicide Prevention
Supervision
The Ins and Outs of Private Practice
The Nuts and Bolts of Providing PTSD Treatment Over a Telehealth Modality
Toxic Chemical Exposure
Women's Health
Women Warriors: Stories of Strength and Resilience

*Additional didactic opportunities will come up throughout the year. The above schedule is subject to change for the 2023-2024 training year.

Diversity Experiences and Diversity Workgroup

Although the patient population at the SFVAHCS is predominantly Caucasian and male, there are other populations that are served well. Ethnic minority groups represented in the patient population include African American, American Indian, Hispanic/Latino, and Asian. There are patients who identify as gay, lesbian, bisexual, transgendered, and nonbinary. The women Veteran population is increasing and services specifically for treatment and preventative care for women is a focus at our VA. There are training opportunities to work with Veterans with TBI, amputation, visual and hearing loss, and neuromuscular disorders, as well as with elderly Veterans. The internship supervisors promote learning about diverse practices. We recognize all interns are different and arrive to internship with different experiences and strengths. Several psychologists participate in the diversity workgroup (see next paragraph), participate within diverse organizations, and seek diversity trainings to remain consistent in providing a supportive and encouraging learning environment and supervision with diverse viewpoints. Commitment by supervisors, to include discussion and examination of diversity issues in supervision, is reviewed in internship committee meetings. During the orientation period, cultural competence and awareness discussions help inform intern training plans, and the Training Director provides journal articles and guidelines about working with diverse individuals in therapy and assessment to interns, and these are discussed with one of the training directors. Interns are helped to navigate gaining competency in diversity through experiential practices. Our program also has diversity seminars that focus on cultural and individual differences and diversity, including but not limited to gender identity, gender, and culture.

To ensure the interns are prepared to navigate cultural and individual differences in research and practice, our internship training program has a diversity workgroup that offers one way to oversee, encourage, and support the training environment for our diverse interns. The diversity workgroup is comprised of psychologists and typically one other ancillary staff, and our interns are an important part of the diversity workgroup. While the overall aim of the workgroup remains the same each year, to assist training culturally proficient psychologists, the tasks of the diversity workgroup each year will look different depending on the needs of the interns, Sioux Falls VA, and Veterans. Each year, the principal assignment will be that the interns complete a diversity-related project, which typically includes skills in research, administration, program development, action planning, interdisciplinary collaboration, and interpersonal communication and presentation. The project will require the interns to review current issues of diversity, select a topic meaningful to their interests, and design a study, carry out data collection, and disseminate results in a clinically meaningful way. Other projects may arise as the year progresses depending on goals and opportunities. Interns additionally will attend the Sioux Falls VA EEO (Equal Employment Opportunity) Diversity and Inclusion Meeting, held monthly, to gain experience in a VA committee focusing on diversity and inclusion best practices, diversity awareness at the Sioux Falls VA, and instituting new VA diversity initiatives.

Journal Reading Group

Interns and training committee members will meet every other month except December to discuss a preselected scholarly journal article on a topic relevant to the internship. Topics may include evidence-based psychotherapy, diversity issues, and supervision. Except for the first group (August), interns will take turns selecting an article and will provide a copy to each group member. The intern will provide a brief synopsis of the article and facilitate discussion.

Case Presentations

Case presentations are structured, formal presentations designed to allow interns an opportunity to practice and demonstrate to training supervisors their overall competence in assessment and therapy by addressing program training competencies as applied to their clinical work. Interns must present one therapy case and one assessment case. Feedback is provided to interns individually. Presentation objectives and process of evaluation will be provided to the intern during orientation via the Psychology Intern Handbook.

Supervision

The Sioux Falls VA staff appreciate our interns by acknowledging they have had different experiences, in taking the time to get to know them during the orientation period and beyond, not “throwing” interns into clinical work before undergoing an orientation period, individualizing training plans, and ensuring intern awareness of the internship requirements and expectations. Via bi-weekly meetings (these being weekly during the COVID-19 pandemic), the Training Director checks in with interns regarding new experiences, connecting with VA, professional development, and local culture. The Sioux Falls VA staff also recognize that interns are not inexpensive labor but are valued members of the team balancing a variety of various duties. As a result, supervisory staff set aside time weekly to meet with interns under their supervision. Supervisors and the training directors have an “open door” policy, and our interns often take advantage of that resource for unscheduled consultation. Our supervisors really want our interns to succeed. Supervisors balance providing support and oversight with being one step ahead of the interns’ development to create space for the intern to experience and grow. Supervisors start their rotations, and especially the year, with a hands-on approach, and with extra supervision and discussion. Toward the end of the rotation and training year, it is expected that the intern comes to supervision with the agenda to guide discussion, including areas in which they have specific interest. Overall, a minimum of 200 hours of supervision (a combination of group and individual) will be provided. Each intern will have a mentor, who serves as a non-evaluative advisor throughout the year. Each week, the intern class has a protected 30 minutes to meet as a group. This allows interns to maintain consistent contact with one another during the training year. Past cohorts have reported that the time was helpful in acclimating to internship and sharing training information. As a program we encourage each

intern class to use this protected time as a source of peer support, communication, and weekly self-care.

Facility and Training Resources

The Sioux Falls VA Health Care System will provide office space for the intern in compliance with APA accreditation requirements. Offices will be equipped with computer access to medical records, the internet, word processing, and email. Library access consists of the Wegner Library/Health Science Information Center, which is part of the University of South Dakota. Library facilities are in the city of Sioux Falls (3 blocks from VA) and at the University in Vermillion, SD (about 50 miles away). Services can also be accessed directly online through the Sioux Falls VA Health Care System website. Online services include direct viewing and printing of numerous medical and mental health journals. Those not available can be requested online. If work with statistical packages is needed, multiple packages including SAS and SigmaStat can be accessed through the Research Department at the Sioux Falls VA Health Care System.

Leave Policies: The Sioux Falls VA Health Care System's policy on Authorized Leave is consistent with VA standards. The intern is eligible for all government holidays (including New Year's Day, Martin Luther King, Jr. Day, Presidents' Day, Memorial Day, Juneteenth National Independence Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving, and Christmas). The intern accumulates 104 hours of earned leave to be used at their discretion - business, personal, planned medical appointments, etc. after it is earned. Interns must submit and receive approval in advance for any type of leave request in the same manner as full-time employees. It is the intern's responsibility to plan for and use leave appropriately. For example, if an intern wishes to use a significant block of annual leave during the winter holiday season, the intern should avoid using this type of leave early in the internship. The intern is allotted 104 hours of sick leave accrued at 4 hours per pay period. Sick leave can be used for personal illness with 5 of the 13 days available for care of an ill family member. The intern must notify the Director of Training (or designee) and call into the administrative officer as soon as is feasible when emergencies requiring leave occur. If an intern is sick for more than 3 days, written documentation from a doctor stating that they were incapable of working due to illness may be requested. If the intern demonstrates satisfactory progress towards training goals, the intern may request in advance for 40 hours of AA for documented educational purposes, dissertation-related, or VA-employment related activities off-station.

Due Process: The internship program follows due process guidelines to assure that decisions are fair and nondiscriminatory. All trainees are afforded the right to due process in matters of problematic behavior and grievances. A due process document is distributed to every intern in the internship training manual during orientation and subsequently reviewed with the Director of Training. The manual also contains information regarding expected performance and

conduct, the evaluation process, procedures for making decisions about problematic performance and conduct, remediation plans including time frames and consequences for failure to rectify problems, and procedures for appealing the program's decisions or actions.

Privacy policy: We collect no personal information from you when you visit our website.

Self-Disclosure: We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern's performance, and such information is necessary to address these difficulties.

The Psychology Training Committee

Emily Blegen, Psy.D., ABN

Minnesota School of Professional Psychology, 2014

Director, Psychology Internship Training

Board Certified Neuropsychologist, Assessment

Dr. Blegen is a board certified neuropsychologist and Internship Training Director. She continued at the Sioux Falls VA following her completion of internship training at the Sioux Falls VA. Her primary responsibilities are completing outpatient and inpatient neuropsychological evaluations. She serves as a clinical member on the Vocational Rehabilitation Committee. She additionally provides coordination for and supervision of university practicums in neuropsychology assessment at the Sioux Falls VA. She has on and off supervised intern and graduate psychologist clinical training in inpatient group therapy, outpatient SMI individual and group therapy, and in marital therapy, as she received her master's degree from Pepperdine University in marriage and family therapy with a focus on group therapy for schizophrenia. From a clinical and research perspective, Dr. Blegen is interested in effects of toxic chemical exposure, culturally sensitive rural health care, and tele-neuropsychology. In her free time, she enjoys hockey and spending time with her family in the outdoors.

Trisha Gaudig, Ph.D.

Palo Alto University, 2020

Health Behavior Coordinator

Dr. Gaudig completed her predoctoral internship at the Sioux Falls VA before earning her doctoral degree from Palo Alto University. In her role as the SFVAHCS Health Behavior Coordinator, she works with various clinical and administrative teams facility-wide to integrate evidence-based health behavior change, preventative care, and self-support interventions into Veteran care. Part of her role includes providing TEACH for Success (TEACH) and Motivational Interviewing (MI) skills training and follow-up clinician coaching to providers and nursing staff as an aim to promote health and disease prevention. She is co-chair of the Health Promotion and Disease Prevention Program Committee. She is also a member of the Psychology Internship Training Committee, and Dementia Committees, at the Sioux Falls VA and VISN23. She enjoys the outdoors, especially running, hiking, and camping. She also loves spending time with her husband and her dog, Mr. Burns, who is a retired racing greyhound.

Kari Leiting, Ph.D.
University of New Mexico, 2016
Assistant Director, Psychology Internship Training
Staff Psychologist, Posttraumatic Stress Clinic
Cognitive Processing Therapy Regional Trainer

Dr. Leiting received her doctoral degree from the University of New Mexico in 2016 after completing her doctoral internship at the Cincinnati VA Medical Center. She received focused training in graduate school about treatment for anxiety and trauma-related disorders. Trauma has been a passion since early graduate school, and she sought clinical and research opportunities to expand training with populations who have experienced trauma including sexual assault on college campuses and Veterans who have experienced combat and non-combat related trauma. She joined the Sioux Falls VA in 2016. She is currently a staff psychologist in the Outpatient Mental Health Clinic at the Sioux Falls VA and is a PTSD specialist with the majority of her caseload being providing evidence-based treatments for PTSD. She is the Internship Assistant Training Director and facilitates the internship Diversity Training Workgroup. She loves training and providing supervision to interns on the PTSD rotation, with a strong emphasis on provision of culturally competent, evidence-based psychotherapy services. She is formally trained in Cognitive Processing Therapy (Dr. Leiting is a CPT Regional Trainer), Prolonged Exposure, Motivational Interviewing, Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for anxiety, Mindfulness Based Relapse Prevention, and Seeking Safety. She is a clinical member of the Behavioral Health Interdisciplinary Committee (BHIP). Dr. Leiting enjoys spending her free time working on puzzles, reading, and attempting to keep plants alive.

Erik Lohmann, Psy.D.
Regent University, 2016
Staff Psychologist, Outpatient Mental Health

Dr. Lohmann interned at the Sioux Falls VA Health Care System, and he returned to the team after being part of a group private practice where he provided outpatient psychotherapy for couples and individuals and completed diagnostic and forensic assessments. His current duties primarily consist of leading CBT groups for inpatient settings, co-leading a Moral Injury group (ACT-based) with the mental health service line chaplain, providing outpatient psychotherapy for couples and individuals (CBT, ACT, IPT, IBCT, CBCT for PTSD, and CPT), serving on one of the Behavioral Health Interdisciplinary Program (BHIP) teams, and membership on the Psychology Internship Training Committee. When not working, Dr. Lohmann spends time riding or running on the local bike trail, enjoying time with his spouse or friends, or chasing his two children.

Erin Murtha-Berg, Ph.D.
University of North Dakota, 2017
Coordinator, Local Evidence-Based Psychotherapy
Staff Psychologist, Outpatient Mental Health

Dr. Murtha-Berg interned at the Fargo VA Health Care System prior to earning her doctoral degree from the University of North Dakota. She is currently a staff psychologist in the outpatient mental health clinic and serves as the Local Evidence-Based Psychotherapy (LEBP) coordinator. She is passionate about providing psychotherapies that are supported by research and that help Veterans make meaningful change in their lives. Clinically, her interests are generalist in nature and include treatments for depression, anxiety, and trauma. She provides a variety of individual and group EBPs including but not limited to ACT for depression and anxiety, CBT, CPT, and MI. In her role as LEBP coordinator, she engages in administrative tasks that support implementation of EBPs for mental health and behavioral conditions at our facility. She is also a clinical member of the Behavioral Health Interdisciplinary Program (BHIP) team. Dr. Murtha-Berg is active in internship training as well, serving on the Psychology Internship Training Committee and supervising the General Mental Health rotation. She enjoys sampling local restaurants and coffee shops, reading non-fiction, and spending time with her family, including a beagle and corgi.

Summer Nelson, Ph.D.
University of Tulsa, 2013
Supervisor, Outpatient Mental Health Psychology
Staff Psychologist

Dr. Nelson completed her predoctoral internship training at the Salem VA Medical Center in Salem, Virginia before earning her doctoral degree from the University of Tulsa. In her current position as the Outpatient Mental Health Psychology Supervisor, she supervises psychologists and social workers within several outpatient programs at the Sioux Falls VA and surrounding CBOCs. Specifically, she has program oversight of all psychotherapy services, Primary Care Mental Health Integration (PCMHI), the Suicide Prevention Program, and the Behavioral Health Interdisciplinary Program (BHIP) teams. Her current role is primarily administrative, though she has expertise in treatment for PTSD, including CPT, PE, and STAIR, and Military Sexual Trauma, previously serving as the local MST coordinator. Additional clinical interest areas include measurement-based care and personality disorders. She serves on the Employee Threat Assessment Team, Medical Records Committee, and Psychology Internship Training Committee. In her free time, she enjoys getting outside with her family and her dog, Steamboat. She also loves to knit (“badly” per her assessment), cook, and read.

Desiree Poppens, Psy.D.
California Lutheran University, 2017
Staff Psychologist, Outpatient Mental Health and Polytrauma
Military Sexual Trauma Coordinator

Dr. Poppens is currently a staff psychologist and the Military Sexual Trauma Coordinator for the Sioux Falls VA. She works within the Outpatient Mental Health Clinic and the Polytrauma Clinic. Dr. Poppens graduated from California Lutheran University in 2017 and completed her internship at the Sioux Falls VA Health Care System. The majority of her clinical caseload focuses on treating PTSD by providing evidenced based treatments, including Cognitive Processing Therapy and Prolonged Exposure. The basis of her interest in exposure treatments stems from early training experiences in Exposure and Response Prevention, which she continues to provide to Veterans diagnosed with OCD. Dr. Poppens primarily works from a cognitive-behavioral approach and commonly provides treatment to Veterans who struggle with depressive and anxiety disorders. In addition, she has been trained in Dialectical Behavioral Therapy and currently facilitates the Emotion Regulation Group, strongly modeled after DBT Skills Training. She is a member of the Polytrauma Interdisciplinary Team, providing assessment and treatment recommendations for those with polytrauma injuries. As the Military Sexual Trauma Coordinator, she is the main point of contact for both Veterans and staff who have questions about MST, and she helps provide ongoing MST education to staff. She is passionate about providing supervision and training experiences to interns on the PTSD, Group Psychotherapy, and MST rotations. She serves on the Psychology Internship Training Committee and the Behavioral Health Interdisciplinary Committee (BHIP). As a transplant from California, in her free time she greatly enjoys being active and outdoors as much as possible, including going on hikes, boating, swimming, or exercising.

Amanda Vander Lugt, Ph.D.
University of North Texas, 2011
VISN 23 PMOP Coordinator
Psychologist, Rehabilitation & Extended Care

Dr. Vander Lugt obtained her degree from the University of North Texas after completing her internship at VA Maine Health Care System and a master's degree in Behavior Analysis. Her primary role is as the Prescription Drug Monitoring Program Coordinator for VISN 23. She spends one day per week as a Pain Psychologist for the Sioux Falls VA. Her clinical passion is helping Veterans reconnect with or find a full and meaningful life. She is a member of the Psychology Internship Training Committee. Primary clinical and research expertise includes Acceptance and Commitment Therapy, chronic pain, continuum of care issues, rehabilitation, effective communication, Motivational Interviewing, and program development and research. In her free time, she loves the outdoors and teaching her two young children about the Earth.

Kristi Wall, Psy.D.

University of Denver Graduate School of Professional Psychology, 2017

Staff Neuropsychologist, Assessment

Dr. Wall completed her clinical internship in the neuropsychology track at the Central Arkansas VA Health Care System and a two-year postdoctoral residency in neuropsychology at the University of Oklahoma Health Sciences Center psychology training consortium. She is currently pursuing ABPP-CN board certification. Her primary clinical responsibilities are completing outpatient and inpatient neuropsychological evaluations. She also serves as a member of the Dementia Committee, and is particularly passionate about improving dementia care. Dr. Wall uses a primarily fixed-flexible approach to battery construction, integrated with Boston Process thinking and practice. Her clinical and research interests include dementia, caregiver support, and supervision and mentorship of emerging professionals. In her off hours (when not preparing for ABPP), Dr. Wall loves spending time with family, creating nail art, doing jigsaw puzzles, and solving virtual escape rooms.

Edwin Yerka, Ph.D.

California School of Professional Psychology, San Diego, 1999

Staff Psychologist, Spirit Lake CBOC

Dr. Yerka completed his APA accredited internship training at Pacific Clinics in Santa Fe Springs, California. He is a staff psychologist at the Spirit Lake CBOC with 100% of time doing telehealth. His primary clinical and research interests include Acceptance and Commitment Therapy and other mindfulness-based psychotherapies, CBT, anxiety, depressive disorder, addictive behaviors, Cognitive Processing Therapy for PTSD, couple's therapy, behavioral health integration, telehealth psychology, and forensics. His forensic work includes evaluating claimants applying to social security disability, civil commitment examinations, competency to stand trial and criminal responsibility. He conducts psychological evaluations for new hire and annual VA Police officers. He has VA certifications in Cognitive Behavior Conjoint Therapy for PTSD (CBCT-PTSD) and Cognitive Behavior Therapy for Chronic Pain (CBT-CP). He serves on the Psychology Internship Training Committee. In his free time, Dr. Yerka enjoys being active with golfing, racquetball, traveling, camping, and volunteering in his community.